

PAGE 01  
MAR 08 2005

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
(211.001-D3-US)**

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In re Application of: **FAZAN ET AL.** ) Group Art Unit: **2814**  
 Serial No: **10/724,648** )  
 Filing Date: **DECEMBER 1, 2003** )  
 Title: **SEMICONDUCTOR DEVICE** )

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Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

**FACSIMILE TRANSMITTAL SHEET**

DATE: **March 8, 2005**  
 TO: **Commissioner for Patents**  
 NO. OF PAGES: **5 – including this Facsimile Transmittal Sheet**

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**OFFICIAL FILING**

I hereby certify that the following correspondence:

- SECOND INFORMATION DISCLOSURE STATEMENT** (1 page + Modified Form PTO-1449 (1 sheet))
- FEES TRANSMITTAL** (1 page + 1 copy)

is being facsimile transmitted to the United States Patent and Trademark Office, 703-872-9306, for entry in the file of the above-referenced application.

Respectfully submitted,

  
 Neil A. Steinberg, Reg. No. 34,735  
 Telephone: 650-968-8079

Dated: **March 8, 2005**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**  
**(211.001-D3-US)**

In re Application of: FAZAN ET AL. )  
 Serial No: 10/724,648 ) Group Art Unit: 2814  
 Filing Date: DECEMBER 1, 2003 ) Examiner: LOUIE, WAI SING  
 Title: SEMICONDUCTOR DEVICE )

Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

**TRANSMITTAL COVER LETTER**

Dear Sir:

With respect to the above-referenced application, transmitted herewith is an **SECOND INFORMATION DISCLOSURE STATEMENT** (2 pages).

The fee has been calculated as shown below:

<b>CLAIMS AS AMENDED</b>						
	Claims Remaining	Highest Number Previously Paid	Extra	<b>Rate</b>		<b>Amount</b>
				<b>Large</b>	<b>Small</b>	
Number of Claims In (in excess of 20)	0	0	0	\$50.00	\$25.00	-0-
Independent Claims (in excess of 3)	0	0	0	\$200.00	\$100.00	-0-
Extension Fee: a) One Month				\$120.00	\$60.00	-0-
Filing of Information Disclosure Statement (37 C.F.R. §1.17(p)):						\$180.00
						TOTAL FEE DUE: \$180.00

**Method of Payment:**

A check payable to the Commissioner of Patents and Trademarks, in the amount of \$0 is enclosed as payment of the Total Fee.

Please charge my Deposit Acc. 50-0763 in the amount of \$180.00 to cover the above fees. A duplicate copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge any fees that may be required, or credit any overpayment to Deposit Acc. 50-0763. A duplicate copy of this sheet is enclosed.

Respectfully submitted,



Neil Steinberg, Reg. No. 34,735  
 Telephone No. 650-968-8079

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) Group Art Unit: 2814

) Examiner: LOUIE, WAI SING

Commissioner for Patents

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Alexandria, VA 22313-1450

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						<b>TOTAL FEE DUE: \$180.00</b>

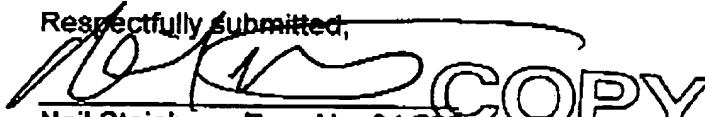
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Telephone No. 650-968-8079

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Alexandria, VA 22313-1450

## **SECOND INFORMATION DISCLOSURE STATEMENT**

Dear Sir:

Submitted herewith is one (1) sheet of a modified Form PTO-1449. Most of the U.S. patents listed on the modified Form PTO-1449 were provided and/or cited during the prosecution of a related application (i.e., U.S. Patent Application Serial No. 10/727,742) to the above-captioned application. (See 37 C.F.R. §1.98(a)(2)).

It is respectfully requested that the Examiner make his/her consideration of these references formally of record with the next Office Action.

Respectfully submitted,

Neil A. Steinberg, Reg. No. 34,735  
Telephone No. 650-968-8079

Date: March 8, 2005

Sheet 1 of 1

<b>PTO-1449 (Modified)</b>  <b>U.S. DEPARTMENT OF COMMERCE</b> <b>PATENT AND TRADEMARK OFFICE</b>  <b>INFORMATION DISCLOSURE STATEMENT</b> <b>BY APPLICANT</b>	<b>ATTY. DOCKET NO.</b>	<b>SERIAL NUMBER</b>
	211.001-D3-US	10/724,848
	<b>APPLICANT(S)</b>	Fazan et al.
	<b>FILING DATE</b>	<b>GROUP ART UNIT</b>
	December 1, 2003	2814

**U.S. PATENT DOCUMENTS**

EXAMINER INITIALS	DOCUMENT NUMBER	DATE	NAME	CLASS	SUB CLASS	FILING DATE
	5,164,805	11/1992	Lee			
	5,6608,250	3/1997	Kalnitsky			
	6,479,862	11/2002	King et al.			
	6,714,436	3/2004	Burnett et al.			
	6,861,689	3/2005	Burnett			

**FOREIGN PATENT DOCUMENTS**

EXAMINER INITIALS	DOCUMENT NUMBER	DATE	COUNTRY	CLASS	SUB CLASS	TRANSLATION Y/N/CD

**OTHER DOCUMENTS (Including Author, Title, Date, Pertinent Pages, Etc.)**


EXAMINER	DATE CONSIDERED
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**EXAMINER:** Initial citation if reference was considered. Draw line through citation if not in conformance to MPEP 609 and not considered. Include copy of this form with next communication to applicant.